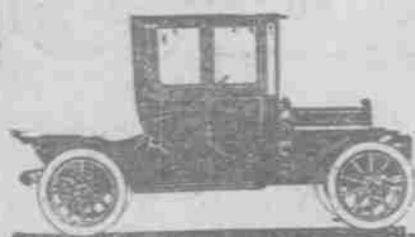


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Confessions By Dr. Chas. A. L. Reed, A. M. M. D.

Dr. Reed is a distinguished man in the medical profession. He was the founder of the Pan-American Medical Congress. He was president of the American Medical Association when the reorganization was made. He was chairman of the National Committee on Medical Legislation. He was sent to the Isthmus by the government, and his report is largely responsible for the remarkable sanitary administration during the building of the Panama Canal. He has been decorated by the French government. You can depend upon what Dr. Reed says. And if you ever have doctors' bills you certainly ought to know what he says.—Pearson's Magazine, April.

"The Fane of Medical Ethics" is the title of an article that appeared in Pearson's Magazine for September, 1911. The editorial note introducing the article says: "The doctors of this country are making a farce of the 'ethics' of their noble profession, about which they are so fond of talking. The family practitioner and the specialist are 'ethical' all right in their deals with one another. But the poor patient, who certainly is concerned in any matter of real ethics, is not considered at all. The thing is done in this way. The family practitioner decides that the services of a specialist are needed. He suggests the man. Then he gets a part of the specialist's fee as a commission. This practice has got to be universal."

Is it true that the confidence we repose in our honored family doctor is being used by him as a speculative commodity? Is it true that our trusted medical adviser is actually selling us to those who bid highest for the "trade"? Are we really being "steered" into the hands of those who, under the cloak of a sacred profession, are in fact but heartless adventurers?

Is there the remotest possibility that, for such despicable gain, by such repugnant collusion, our bodies are being mutilated by needless operations at the hands of alleged surgeons?

Are the annals of secret murder being enriched by the multiplication of such tragedies?

These are some of the questions that, as a result of the publication in question, most today be inevitably lodged in the minds of many thousands of the American people. And such questions must inevitably lead up to the other question, asked and featured in the article under consideration:

"If some of these things happened to you, and you or yours suffered and died, would you not feel like shooting your family physician?" To this question, not alone for myself, but for every honorable member of my profession, I answer with an emphatic "YES."

But denials are not sufficient. Nor is proclamation of virtue. It is precisely at such protestations that the sneer is directed. It is precisely to impeach such pretensions that the facts have been arrayed. And the facts must be looked squarely in the face. They must be dealt with as they are found. What are they?

So I wrote to my colleagues in every part of the country, and asked some of my neighbors. This is what I wrote:

(1). To what extent is the practice of fee-splitting prevalent in your state?
(2). What are the methods and what is the degree of rapacity of your particular type of grafters?

(3). What has your local profession done, and what ought to be done in a more general way to drive the perpetrators of this vice from the profession?

But the charge goes further. The whole range of ethics, as applied to and accepted by the medical profession, is being reduced to a farce—this and nothing less is the gravamen of the allegation. What does this imply? Simply that physicians are becoming—it is not alleged that all of them have already become—hypocrites in professing to be governed by certain tenets representing certain specified applications of the Golden Rule.

Some that long since knew of it felt that the poison with which it was laden must soon be its undoing. They shrank from giving it publicity, much as one shrinks from heralding the fact that a member of one's own family is a thief or a lundit. Then, too, there is an old

sadage about the casual relationship of stirred filth to disseminated stench. In this way—clearly a mistaken although a human and natural way—less has been said and done in the open than might have been done. But a sporadic outbreak of indignation now and then served to show that the slumbering profession had begun to snarl and was about ready to bite. This final prod from the press has brought us precisely to the biting point, and we are really much obliged to the prodler. And here are some morsels, hard as files, upon which to whet our teeth.

From Chicago comes the statement that the practice of fee-splitting prevails "to a very great and appalling extent—so great that I blush for the medical profession in admitting it."

From Minnesota comes the unwelcome message: "I regret that the practice of giving commissions, that is of selling patients, is rather widespread throughout the country."

From Louisville: "The practice has come to be very general throughout the country."

From New York comes a comforting assurance: "It is my impression," says my correspondent, "that, on the whole, the leaders of the profession have such high standards that fee-splitting is practically unknown among them, although the Jewish doctors of the East Side are addicted to the practice and openly defend it."

From New Orleans comes the reassuring statement that the practice has no footing, although its occasional perpetration is far from being unknown.

From San Francisco comes the gloomy report that the practice is prevalent among the lower classes of the profession, with now and then a man of higher degree who succumbs to its venal powers of seduction.

Scores of similar replies could be quoted. The practice cannot be denied. It must be admitted. Only, it is not the practice; it is not the vice of the profession, but of a minority of its members. But they are too numerous, and what is worse, they are members, and while they are permitted to remain members, the majority thus permitting them must shoulder the full share of responsibility for their offenses. The day has come when these offenders must be made to stand out, each by himself, known and pointed to as a pariah by the community to which he sustains a parasitic relation.

And this is a question of first concern to that same community, to all communities, to the people. For who may not fall ill? And, being ill, need a physician? And, needing a physician, need counsel, need some specialized service? Then it is that one turns to one's physician, and, in the most sacred confidence, says: "Doctor, get whom you wish, only get the best, the very best. You know them; I don't. But my wife, have little woman, must be saved—for the children's sake, for my sake!"

Thus you trusted him, your family physician. But now and then, it seems, one of them may exist whose mental processes run in this channel: "Ah, now I have them! Let me see.—Brown is the best, but no use talking—he is so straight he leans back. Everybody knows Smith is good, but he turned down a case I sent him—said it didn't need operation; and, besides, he won't pay anything! But there's Tattersham—most much of a surgeon; wanted to operate for cancer and for appendicitis when there wasn't either; the patients wouldn't stand for it; both got well without operation. He'll do it—and divide the fee, too!" So the patient, in the abundance of her faith, is carried to Tattersham—and dies! But the physician goes back with a part of Tattersham's fee, made larger to meet the physician's demand, concealed about his person as a reward for his perfidy. Betrayed; robbed; bereaved, the husband and father goes to his home of desolation, comforted only with his "faithful adviser's" assurance: "I took you to the best man in the whole country; the result just couldn't have been helped; but, say, wasn't he reasonable in his charges?"

Shall not the people take counsel among themselves? But we have started out to look the facts squarely in the face. What are some of the methods or some of the practices? And who are they? It is revealed by my investigations that, while surgeons are the bright and shining marks in this species of piracy, consultants in other departments.

It seems, furthermore, that while the initiative is generally taken by family attendants, overtures and open bids are occasionally made for the "business" by representatives of all classes of consultants. It is not merely the young and the necessities who make up the buyers and sellers in this traffic. The well established, the well-to-do are often the effective traders.

This particular type differs at least

in point of frankness, from another, a representative of which replied to me: "Why didn't I bring her in sooner? Do you think I didn't want to make anything out of the case myself?"

He was a prosperous man, trusted by the community, trusted by this particular patient. He said it half jokingly—as if the like of a trusting patient were a joking matter. But, joke or no joke, the facts so fit his just that it ceased to be a jest. He had no occasion to demand his graft; he had "earned" it in advance.

Or, on the other hand, the finest medical attendant is shocked after a consultation to be handed a check, or a bill, or to be told that he will "be taken care of." In some cases recourse is had to the "assistant" ruse, by which the medical attendant, who realizes that he is not a surgeon, is made ostensibly, if not really to figure as an assistant at an operation, simply as a basis for splitting the fee.

This is not only dishonesty in dollars and cents, but it is hypocrisy with the possible addition of manslaughter—quiet, insidious, unspoken-of manslaughter, but manslaughter just the same.

The joint bill, with no items given, is another device by which the money of the patient is quietly and dishonestly transferred from his own pocket to the pockets of the men who at that very moment and by that very act are speculating upon his infirmities. The fact is that this joint bill trick is but a clumsy makeshift, not for honesty, but for honest appearance; one that is being employed by certain consultants, otherwise respectable, who, while loudly condemning fee-splitting, are thus endeavoring to avail themselves of what they imagine to be its usefulness. If the items are given, so that the patient may know just how much is going to whom and for what, there is no occasion for a joint bill. Any joint bill that does enable the patient to know precisely these facts is prima facie evidence of fraudulent transaction, and the patient ought to be instructed so to understand it.

A distinguished surgeon tells of a medical man who brought him a patient several hundred miles. She was presumed to have cancer, and was naturally scared nearly to death by the diagnosis. She came ready to submit to the most dreadful of all operations. The surgeon examined her carefully. He told her that she had no cancer; that she needed no operation. A little later, her medical "adviser"—Heaven save the mark!—appeared upon the scene. "What!" he exclaimed, "you didn't tell her, did you? I had her all fixed for an operation! What! Not going to operate? Why, you must! Why, great God, man, she's got money! money!—lots of it!" I can prepose an affidavit that this was an actual occurrence.

A distinguished member of the profession—none other than Dr. John B. Murphy, of Chicago—wrote me: "It is to live in a city in which this evil is notoriously rife, classifies the consultants who buy their business by fee-splitting, as follows, viz.:

(a) Those who openly admit to the medical man that they will pay a large portion of the fee."

(b) Those who take the referring doctor into the side room, or alley, and divide the fee with him."

(c) Those who permit the family doctor to collect the fee and pay him what portion he desires."

(d) Those who send the doctor who referred the case a check representing a considerable portion of the fee."

The medical profession denies, flatly denies, fellowship to the poor devil who owns a drugstore, and does it on the ground that he has an unwholesome interest in the paltry prescriptions that he may write. Consistency demands the application of the same principle to these proprietors and stock-

(Continued on Next Page.)